

Officeholder, Candidate,  
and Controlled Committee  
Campaign Statement — Long Form  
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE FORM

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☐ Pre-election Statement  
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)  
☐ Special Odd-Year Campaign Report  
☒ Semi-annual Statement  
☐ Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period

from 1/1/94

through 6/30/94

Date Stamp

RECEIVED

94 AUG -1 PM 1:55

JENNIFER M. PERRIN  
CLERK

Page 1 of 2  
For Official Use Only

I Officeholder, Candidate, and Controlled Committee  
Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

Bob FISHER

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council LOD 1

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

418 N Fairmont

209 334 3927

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

LODI CA

95240

COMMITTEE NAME

I.D. NUMBER

Committee to Elect Bob FISHER 922 915

COMMITTEE ADDRESS (NO. AND STREET)

418 N. Fairmont

209 334 3927

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

LODI CA

95240

NAME OF TREASURER

Robert W FISHER

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

418 N Fairmont

209 334 3927

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

LODI CA

95240

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8/1/94 At LODI CA

By Robert W Fisher

SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8/1/94 At LODI CA

By Bob Fisher

SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_

By \_\_\_\_\_

SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_

By \_\_\_\_\_

SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1/1/94</u> through <u>6/30/94</u>		CALIFORNIA 1994 FORM <b>490</b>
		Page <u>2</u> of <u>2</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>Committee to Elect Bob FISHER</u>		I.D. NUMBER <u>922915</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions .....	Schedule A, Line 3	\$ <u>0</u>	\$ <u>1203.86</u>	\$ <u>1203.86</u>
2. Loans Received .....	Schedule B, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ <u>0</u>	\$ <u>1203.86</u>	\$ <u>1203.86</u>
4. Non-monetary Contributions .....	Schedule C, Line 3	\$ <u>0</u>	\$ <u>95.00</u>	\$ <u>95.00</u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) .....	Add Lines 3 + 4	\$ <u>0</u>	\$ <u>1298.86</u>	\$ <u>1298.86</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) .....	Schedule D, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
7. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 5 + 6	\$ <u>0</u>	\$ <u>1298.86</u>	\$ <u>1298.86</u>

## Expenditures Made

8. Cash Payments (Other than Loans Made) .....	Schedule E, Line 5	\$ <u>0</u>	\$ <u>1198.86</u>	\$ <u>1198.86</u>
9. Loans Made .....	Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
10. SUBTOTAL CASH PAYMENTS .....	Add Lines 8 + 9	\$ <u>0</u>	\$ <u>1198.86</u>	\$ <u>1198.86</u>
11. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 5	\$ <u>0</u>	\$ <u>917.58</u>	\$ <u>917.58</u>
12. TOTAL EXPENDITURES MADE .....	Add Lines 10 + 11	\$ <u>0</u>	\$ <u>2116.44</u>	\$ <u>2116.44</u>

## Current Cash Statement

13. Beginning Cash Balance .....	Previous Summary Page, Line 17	\$ <u>5.60</u>
14. Cash Receipts .....	Column A, Line 3 above	\$ <u>0</u>
15. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$ <u>0</u>
16. Cash Payments .....	Column A, Line 10 above	\$ <u>0</u>
17. ENDING CASH BALANCE .....	Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>5.60</u>
If this is a termination statement, Line 17 must be zero.		ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

\* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

## Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received .....	\$ <u>0</u>	\$ <u>0</u>
22. Expenditures Made .....	\$ <u>0</u>	\$ <u>0</u>

## Cash Equivalents and Outstanding Debts

19. Cash Equivalents .....	See instructions on reverse	\$ <u>0</u>
20. Outstanding Debts .....	Add Line 2 + Line 11 in Column C above	\$ <u>917.58</u>